

(Do not include in this application form,
any information regarding age, race, color,
creed, religion, sex, or national origin.)

COUNTY OF MIDDLESEX

Application for Employment



PERSONAL DATA (*Please Print or Type*)

LAST NAME		FIRST	MI	BIRTH DATE		SOCIAL SECURITY NO.	
NUMBER & STREET		CITY	COUNTY		STATE	ZIP	HOME PHONE #
EMAIL ADDRESS							
HOW LONG HAVE YOU RESIDED IN MIDDLESEX COUNTY?		DO YOU HAVE A LEGAL RIGHT TO WORK & REMAIN IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF PREVIOUSLY EMPLOYED HERE, WHAT DATE?		CELL PHONE #	

IN CASE OF EMERGENCY, NOTIFY

NAME	ADDRESS	HOME PHONE	OTHER PHONE
------	---------	------------	-------------

POSITION(S) DESIRED

(1) _____ (2) _____ (3) _____	CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER	IF PART TIME, DAYS AVAILABLE HOURS: _____	SALARY REQUIRED
-------------------------------------	---	--	-----------------

EQUIPMENT YOU CAN OPERATE

SKILLS/LICENSES

<input type="checkbox"/> TYPEWRITER <input type="checkbox"/> CALCULATOR <input type="checkbox"/> ADDING MACH. <input type="checkbox"/> PHOTOCOPIER	<input type="checkbox"/> COMPUTER - PC <input type="checkbox"/> COMPUTER - MAINFRAME <input type="checkbox"/> DICTAPHONE <input type="checkbox"/> SWITCHBOARD	<input type="checkbox"/> STENO WPM: <input type="checkbox"/> TYPING WPM: <input type="checkbox"/> CDL <input type="checkbox"/> LPL (LOW PRESSURE LIC.)	OTHER:
---	--	---	--------

EMPLOYMENT RECORD (List last employer first)

EMPLOYER'S NAME	JOB TITLE	LAST SALARY
ADDRESS	JOB DESCRIPTION	
LENGTH OF EMPLOYMENT FROM _____ TO _____	SUPERVISOR'S NAME, TITLE, PHONE NO.	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER'S NAME	JOB TITLE	LAST SALARY
ADDRESS	JOB DESCRIPTION	
LENGTH OF EMPLOYMENT FROM _____ TO _____	SUPERVISOR'S NAME, TITLE, PHONE NO.	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYER'S NAME	JOB TITLE	LAST SALARY
ADDRESS	JOB DESCRIPTION	
LENGTH OF EMPLOYMENT FROM _____ TO _____	SUPERVISOR'S NAME, TITLE, PHONE NO.	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		

WHEN ARE YOU AVAILABLE
TO BEGIN WORK?

Education

School	Years completed (please circle)	Graduated?	Major Field and/or Degree
Elementary	5 6 7 8	YES NO	XXXXXXXXXXXXXX
High	1 2 3 4	YES NO	
College	1 2 3 4	YES NO	
Other	1 2 3 4	YES NO	

Languages List any foreign languages you know and indicate your level of proficiency.

Language	Speak Some	Speak Fluently	Read	Write

Special skills & experience State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying.

MILITARY SERVICE BRANCH

RANK AT DISCHARGE

ARE YOU NOW OR HAVE EVER BEEN ENROLLED IN A STATE ADMINISTERED PENSION SYSTEM?

☐ YES

☐ NO

The County of Middlesex is an Equal Opportunity Employer. Anyone unable to complete this application form due to a disability may request a reasonable accommodation to do so. Such a request will not play any role in the decision to offer a position or hire any applicant. Hiring decisions are based on an applicant's ability to perform the essential functions of the job.

I understand that employment is contingent upon passing the initial physical examination and any job related additional examination which may be required hereafter. I also understand that the job I am applying for may be provisional, pending successful completion of the C.S.C. (Civil Service Commission) exam.

I certify that all of the above information is true and complete. I understand that if I provide any false or materially incomplete information on this application or for any job related physical or mental examination, I may be terminated, if hired or be ineligible for hiring.

Signature: _____ **Date:** _____

TO BE COMPLETED BY PERSONNEL OFFICE AND/OR HIRING DEPARTMENT

REMARKS